



TRANSMITTAL FORM	Application Number	10/017,957	
	Filing Date	12/14/2001	
	First Named Inventor	RAPPS, GARY M.	
	Group Art Unit	2643	
	Examiner Name	TRAN, SINH N	
Total Number of Pages in this Submission		Attorney Docket No.	CM02023K

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	5/21/04		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:			
Typed or printed name	Maria E. Rodriguez		
Signature		Date	5/21/04



FEE TRANSMITTAL for FY 2004 Patent fees are subject to annual revision		<i>Complete if Known</i>		
		Application No.	10/017,957	
		Filing Date	12/14/2001	
		First Named Inventor	RAPPS, GARY M.	
		Examiner Name	TRAN, SINH N	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	2643	
TOTAL AMOUNT OF PAYMENT		(S)0.00	Attorney Docket No.	CM02023K

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2117 Deposit Account Name: Motorola, Inc. The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, EXCEPT FOR ISSUE FEE <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES			
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee \$	Fee Code	Fee \$	Fee Code	Fee \$	Fee Description	Fee Paid
1001	770	2001	370	1051	130	Surcharge - late filing fee or oath	
1006	770	2006	370	1052	50	Surcharge - late Provisional filing	
1002	330	2002	165	1053	130	Non-English specification	
1007	330	2007	165	1812	2520	For filing a request for ex parte Reexamination	
1003	510	2003	255	1804	920*	Requesting publication of SIR	
1004	750	2004	370			prior to Examiner action	
1005	160	2005	80	1805	1840*	Requesting publication of SIR after Examiner action	
SUBTOTAL (1) (\$)				1251	110	Extension for reply within 1st month	
				1252	420	Extension for reply within 2nd month	
				1253	950	Extension for reply within 3rd month	
				1254	1450	Extension for reply within 4th month	
				1255	1970	Extension for reply within 5th month	
				1401	320	Notice of Appeal	
				1402	320	Filing a brief in support of an appeal	
				1504		Publication fee for early, voluntary, or normal publication	
				1403	280	Request for oral hearing	
				1505	300	Publication fee for republication	
				1451	1510	Petition to institute a public use proceeding	
				1452	110	Petition to revive - unavoidable	
				1453	1300	Petition to revive - unintentional	
				1501	1300	Utility issue fee (or reissue)	
				1502	470	Design issue fee	
				1503	630	Plant issue fee	
				1460	130	Petitions to the Commissioner	
				1808	130	Processing fee CFR 1.17(i)	
				1807	50	Processing fee for provisional apps.	
				1806	180	Submission of IDS	
				8021	40	Recording each patent assignment per property (times # of properties)	
				1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	
				1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	
				1801	750	Request for Continued Examination (RCE)	
				1802	900	Request for expedited examination of a design application	
				1814	110	Statutory Disclaimer	
				Other fee (specify)			
				SUBTOTAL (3) \$			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE
Total Claims: 18
Independent: 1
Multiple Dependent: 280
SUBTOTAL (2) (\$)

****or number previously paid, if greater. For Reissues, see above**

****Reduced by Basic Filing Fee Pd**

SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print)	Barbara R. Doutre	Registration No. (Attorney/Agent)	39,505
Signature	<i>Barbara R. Doutre</i>	Telephone:	(954) 723-6449
		Date	5/21/04